## 2005 STATE OF COLORADO COBRA DISABLED MONTHLY RATES

		SINGLE	E + 1	E + 2	
MEDICAL PLANS					
ABCBS LI	BERTY EPO				
	CONTRACT RATE	\$343.06	\$686.08	\$960.50	
	50% ADMIN FEE	\$171.53	\$343.04	\$480.25	
	BENEFITS ADMIN FEE	\$3.30	\$3.30	\$3.30	
	TOTAL	\$517.89	\$1,032.42	\$1,444.05	
ABCBS C	ENTENNIAL PPO				
	CONTRACT RATE	\$218.94	\$437.90	\$613.08	
	50% ADMIN FEE	\$109.47	\$218.95	\$306.54	
	BENEFITS ADMIN FEE	\$3.30	\$3.30	\$3.30	
	TOTAL	\$331.71	\$660.15	\$922.92	
KAISER H	MO				
	CONTRACT RATE	\$258.06	\$516.16	\$722.64	
	50% ADMIN FEE	\$129.03	\$258.08	\$361.32	
	BENEFITS ADMIN FEE	\$3.30	\$3.30	\$3.30	
	TOTAL	\$390.39	\$777.54	\$1,087.26	
SLV HMO					
	CONTRACT RATE	\$261.86	\$523.68	\$733.46	
	50% ADMIN FEE	\$130.93	\$261.84	\$366.73	
	BENEFITS ADMIN FEE	\$3.30	\$3.30	\$3.30	
	TOTAL	\$396.09	\$788.82	\$1,103.49	
DENTAL PLANS					
DELTA DE	ENTAL - BASIC PLAN - A				
	PREMIUM	\$16.26	\$36.92	\$58.00	
	50% ADMIN FEE	\$8.13	\$18.46	\$29.00	
	TOTAL	\$24.39	\$55.38	\$87.00	
DELTA DE		N D			
DELIA DE	ENTAL - BASIC PLUS PLA		<b>¢</b> E2.00	¢100 40	
	PREMIUM 50% ADMIN FEE	\$24.34	\$53.90 \$36.05	\$100.48 \$50.24	
		\$12.17 \$26.51	\$26.95	\$50.24 \$150.73	
	TOTAL	\$36.51	\$80.85	\$150.72	